



**Solicitation Information  
December 3, 2014**

**RFP# 7549182**

**TITLE: Medical Surveillance Occupational Health/Clinical and Preventive Health Services**

**Submission Deadline: January 2, 2015 @ 10:00 AM (Eastern Time)**

**PRE-BID/ PROPOSAL CONFERENCE: NO**

**MANDATORY:**

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

**DATE:**

**LOCATION:**

Questions concerning this solicitation must be received by the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than **December 15, 2014 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

David J. Francis  
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**Note to Applicants:**

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

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## **SECTION 1: INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), is soliciting Request for Proposals from qualified vendors to provide Occupational Health Services, to include Clinical and Preventive Health Services for employees of the Department of Health in accordance with the terms of this Request for Proposal and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at [www.purchasing.ri.us](http://www.purchasing.ri.us).

HEALTH is seeking the services of a health care facility to provide occupational health related medical surveillance and various clinical services to HEALTH employees. This is an effort to protect employees against occupational exposures and/or injury, including, but not limited to blood-borne pathogens, infectious diseases, certain pathogens that can pose severe threat to public health ("select agents"), airborne hazards, and chemical agents. Health care facilities and others that can demonstrate their experience in providing assessment of workplace hazards and care of employees with respect to occupational health are encouraged to submit Request for Proposals in response to this request.

One (1) agency will be selected to implement the work for one (1) contract year. The initial contract year will begin approximately April 01, 2015 through March 31, 2016 with the possibility of funding up to four (4) additional twelve (12) month periods contingent upon performance and funding availability.

This is a Request for Proposal, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative

proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov).
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.
16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an "eligible entity," as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an "eligible entity," as defined by 45 C.F.R. § 155.110.

## **SECTION 2: SCOPE OF WORK**

### **TOPIC AREAS FOR SERVICES COVERED BY THIS REQUEST INCLUDE, BUT ARE NOT LIMITED TO:**

- Develop a Standard Operating Procedure (SOP) for the assessment and care of employees to include administrative procedures, clinical procedures, and clinical practice guidelines.
- Provide such services and care as needed to a limited group of HEALTH employees in accordance with the approved (SOP). Employees may include physicians, public health nurses, industrial hygienists, microbiologists, chemists, and other HEALTH staff.

The clinical practice guidelines should include:

1. A Blood Borne Pathogens Exposure Control Plan
2. A Protocol for Exposure to Infectious Diseases
3. A Protocol for Exposure to Chemical Agents
4. A Protocol for Monitoring and Testing for Tuberculosis
5. A Protocol for patient specific and risk specific pre exposure vaccination and serologic testing
6. Plan to perform additional services that may be requested by the Director of Health related to situational occupational health needs of employees; such as, guidance on fit testing of protective equipment.

## **SECTION 3: REQUIREMENTS / QUALIFICATIONS**

- The contractor shall have any and all licenses necessary to operate their practice in place prior to the start date of the contract and for the duration of the contract period. Further, all personnel delivering health care services shall be licensed/certified and/or registered as required by law;
- Experience in occupational health, clinical and preventive health issues;
- Experienced infectious disease medical staff onsite or through timely referral; and
- Experience with the monitoring and treatment of environmental and chemical exposures.

## **SECTION 4: TECHNICAL PROPOSAL**

### **Narrative and Format:**

The separate technical proposal should address specifically each of the required elements:

1. **Staff Qualifications** that are clearly demonstrated and curriculum vitae's are included for key staff
2. **Comprehensive Listing of Similar Projects Undertaken** demonstrating knowledge and experience in providing occupational health clinical and preventive health services
3. **Approach and Quality of the Work Plan** and the results intended and desired under this contract has been demonstrated by the offeror

## **SECTION 5: COST PROPOSAL**

### **Detailed Budget and Budget Narrative:**

The vendor must prepare a cost proposal for the first year, reflecting pricing for the proposed scope of services. Please use Appendix A: Cost Form to prepare the Financial Budget. Section A of the Cost Form, requires vendors to include a monthly administrative fee for the administration of the program that will be charged to the state for administrative oversight. Section B of the Cost Form requires vendor to provide fee for service pricing for the various tests/services listed. Vendors may include any additional tests/services in the Fee-for-Service section of the form.

The State is interested in receiving the best value for services. Vendors are encouraged to be competitive in their cost plan.

Funding allocations for the Medical Surveillance Occupational Health/Clinical and Preventive Health Services is estimated based on state fiscal year 2015 funding levels. All allocations and subsequent awards within the project period are estimated. Actual total awards and individual contract funding levels may vary from that listed, or funding may be withdrawn completely, depending on availability of state funding.

**Fiscal Capacity:**

1. Applying organization must be fiscally solvent.
2. Offeror must employ or plan to hire a fiscal staff member with a proven record of responsible budget management. This staff member will be responsible for invoicing and tracking expenditures. Applicant must clearly identify a cost-effective budget. Line items are to be accurate, and budget and budget narrative descriptive and complete. Submitted budget and supporting documentation must appropriately reflect agency's financial capacity to implement the project in a timely manner.

Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to the contract award.

**SECTION 6: EVALUATION AND SELECTION**

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 50 points out of a maximum of 70 technical points. Any technical proposals scoring less than 50 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 50 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	20 Points
Comprehensive Listing of Similar Projects Undertaken	30 Points
Approach and Quality of Work Plan	20 Points
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Total Cost (see A and B below)*	30 Points
A. Lowest Monthly Administrative Fee	15 Points
B. Fee for Services Lowest Average Cost	15 Points
<b>Total Possible Points</b>	<b>100 Points</b>

**A. Lowest Monthly Administrative Fee** -The Low bidder will receive one hundred percent (100%) of the available points 15 points for cost in this category. All other bidders will be awarded cost points based upon the following formula:

$(\text{low bid} / \text{vendors bid}) * \text{available points}$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 the total points available are fifteen (15), vendor B's cost points are calculated as follows:

$\$65,000 / \$100,000 * 15 = 9.75$

**B. Fee for Services Lowest Average Cost** - The Low bidder will receive one hundred percent (100%) of the available points 15 points for cost in this category. All other bidders will be awarded cost points based upon the following formula:

$(\text{vendors bid} / \text{vendors bid})) * \text{available points}$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 the total points available are fifteen (15), vendor B's cost points are calculated as follows:

$\$65,000 / \$100,000 * 15 = 9.75$

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

## **SECTION 7: PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [David.Francis@purchasing.ri.gov](mailto:David.Francis@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation.

Please reference **RFP #7549182** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses **(an original plus three (3) copies)** should be mailed or hand-delivered in a sealed envelope marked **"RFP # 7549182 Medical Surveillance Occupational Health/Clinical and Preventive Health Services"** to:

RI Department of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

**PLEASE SUBMIT SEALED BUDGET PROPOSAL SEPARATE FROM TECHNICAL PROPOSAL**

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

**Response Contents:**

Responses shall include the following:

1. A completed and signed three-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
3. A Technical Proposal describing the qualifications and background of the applicant and experience with similar projects, and all information described in Section 4 of this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, include resumes of key staff that will provide services covered by this request.
4. A separate Cost Proposal must include a budget reflecting the hourly rate, or other fee structure, and all information described in Section 5 of this solicitation. Use Appendix A (Cost Form) to prepare the Financial Budget.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

**CONCLUDING STATEMENTS**

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following:

URL:<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>.



## APPENDIX A: COST FORM

CATEGORY	COST
<b>A. MONTHLY ADMINISTRATIVE FEE</b>	

<b>B. FEE FOR SERVICE</b>	
Tuberculosis Skin Test	
Chest x-ray (one view)	
Measles, Mumps, Rubella Vaccine	
Measles, Mumps, Rubella Titer	
Varicella Titer	
Varicella Vaccine	
Hepatitis B Titer	
Hepatitis B Vaccine	
Hepatitis B surface Antigen	
Hepatitis A Antibody	
Hepatitis A Vaccine	
Hepatitis C Antibody	
Medical Surveillance Evaluation	
Respirator Clearance Examination	
Pulmonary Function Test	
Qualitative Respirator Fit Testing	
Complete Blood Count with Differential	
Comprehensive Blood Chemistry	
Blood Lead and ZPP	
Urine for Heavy Metals	
Urinalysis	
Stool Culture	
Herpes Culture	
Rabies Vaccine	
Rabies Titer	
Meningitis Vaccine	
Post Exposure Evaluation	
<b>Total Average Fee for Services</b>	